

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 10.

JULY 1st, 1940.

Price Fourpence

"SCRIBBLING FOOLS"

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There are none of us who have not known those periods of life when the examination spectre is all-pervading, causing the rivers of the mind to become choked with the mud of misgivings and the flotsam of confused facts; a spectre which jangles its chains menacingly whenever gentler waters essay to filter in and stir the Despond into fresh ripples. It might be thought that the combined effect of war and examinations would stem completely the tide of reasonable thought; and so in some ways it has—for the writer, at any rate. Yet the one does act as a sort of counter-irritant, blistering Spanish Fly to the skin, against the other.

A year ago we looked upon the examination system as a rather crude and inadequate method of testing ability and knowledge, soon to be left behind by the advance of civilisation. Now—well, perhaps "the dull, bleary-eyed scribbling fools" are as good products of that civilisation as anything else.

If the whole problem of taking a qualifying examination was, apart from the question of knowledge, a simple one, then the task would be easier. Actually it has at all times been exceedingly complex. In days of peace it presented itself to everybody as a choice between two alternatives: on the one hand a man who had passed his

First and Second M.B. could decide as he neared the end of his course that it was better for him to become qualified quickly by taking an easier examination: he might thus be able to take a house job earlier, and then, if his mental energy and enthusiasm were not exhausted, take his degree after that; otherwise he could spend a little longer, learn more, slowly and more surely as he concentrated on the main issue, and then at the end of the required length of time take the M.B. alone. Many factors went to influence his decision: the exact time of year at which he started his clinical work might have made a difference of six months one way or the other; he might have grown to recognise that his knowledge and potential knowledge were limited; or he might have been guided by financial considerations. Each used to make the decision according to his lights, and the conflict has always been accepted as one of life's unavoidable difficulties.

Just now the situation is clearly altogether different. The one urgent consideration is that the most number of people become qualified—and adequately qualified—as soon as possible. The fact that most people are impatient to take an active part in the war is beside the point. He would be a brave man who would have the face to postpone his qualification by six or nine months merely so that he could possess a degree as opposed to a diploma. But, quite apart from any other consideration, there is one major snag: for the privilege of attempting to satisfy the "Conjoint Board of Examiners in England" the wretched student has to pay out the sum of nearly forty pounds—and more if he fails in any part first time. In these days he is bound

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to find it extremely hard to do so and, whatever his circumstances, it seems hard that he should have to pay so heavily on account of the necessity of serving his country as early as possible.

Now, when doctors must obviously be needed in large numbers as soon as possible, surely all qualifying examinations should be reduced to a common level, a satisfactory standard which must certainly not be too low to render the products of it useless, but which could be within the reach

of everyone who had done a reasonable time of clinical work. Furthermore, though the workings and finances of Examining Boards are admittedly wrapt up in a cloak of mystery, surely some of our forty pound levies might be used for better purposes. . . .

Meanwhile, let us fervently hope that "In through the window my Lord the Sun" may shed his light on the "dull, bleary-eyed scribbling fools" at Queen Square this week.

"CANDID CAMERA"

This month the Publications Committee of the JOURNAL are publishing under this title a collection of nearly fifty photographs of the Staff of the Hospital taken by Charles Fletcher and others during the last five years. A large number of them have been published in the JOURNAL and are well known to readers. Only a limited number of copies of the book will, for obvious reasons, be available.

Narvik Award

Surg.-Lieut. K. W. Donald has been awarded the D.S.C. for "daring, resource and devotion to duty" in the first battle of Narvik.

Port Regis School

Sir Milsom Rees wishes it made known that the Port Regis School, Broadstairs, has been moved to Bryanston School, Blandford, Dorset, for the war period.

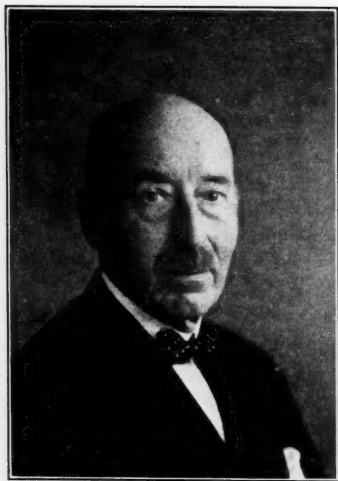
OUR CANDID CAMERA



"And some fell upon stony ground"

OBITUARY

LOUIS BATHE RAWLING, M.B., B.Ch.,
F.R.C.S.,
*Consulting Surgeon to St. Bartholomew's
Hospital*



THE death of L. B. Rawling, which took place suddenly and peacefully on May 11th, must come as a great shock to countless friends whom he had impressed with the vitality of his personality and with his youthful spirit.

He came to St. Bartholomew's Hospital from Clifton and Caius College, Cambridge, qualified in 1896, was Brackenbury surgical scholar, and became house-surgeon to Alfred Willett and Harrison Cripps.

He took the F.R.C.S. diploma in 1900, in 1902 obtained a special prize and certificate for his Jacksonian essay on fractures of the skull, and in 1904 was appointed assistant surgeon at St. Bartholomew's Hospital, assisting in turn D'Arcy Power, Bruce Clarke, C. B. Lockwood, and Anthony Bowlby, and becoming full Surgeon on Bowlby's retirement.

During 1914-1918 he was in charge of the Surgical Division of the 34th General Hospital, was stationed in India, and was also attached to the 1st and 4th London General Hospitals.

His inclination to cerebral surgery, already shown by his Jacksonian essay, was fortified by his appointment as surgeon to the West End Hospital for Nervous Diseases, and led to the publication of many neuro-surgical articles and of

his book, "Surgery of the Skull and Brain."

An admirable basis for this speciality was furnished by his extensive knowledge of anatomy, maintained since his senior demonstratorship in this subject. Of this stage in his career he would tell many good stories, such as that about the bet which he lost with regard to the position of Poupart's Junction. His conclusion that it didn't exist was met by the rejoinder that it did—on the Southern Railway! Again, when suddenly asked by a student to unravel the intricacies of the otic ganglion, he said, "Excuse me a minute, old chap, but I've just been called to the telephone." A hasty perusal of Gray's pages, a careless return and casual "What was that someone asked me? Oh—yes, it was you—about the otic ganglion, wasn't it?" a rapid demonstration of its mysteries—and prestige was saved!

His lasting interest in anatomy was exemplified by the publication of "Stepping Stones to Surgery," ably illustrated by Mrs. Rawling. This book was actually undergoing recent revision, when it was tragically interrupted.

Another and better known anatomical product is the famous "Landmarks and Surface Markings," first published in 1904, a medical best-seller and a model of succinctness. Its popularity is shown by the fact that, in addition to numerous reprints, an eighth edition has just appeared.

As regards academic appointments, Rawling was thrice Hunterian Professor of the Royal College of Surgeons, and member of the Court of Examiners for many years, being examiner for the F.R.C.S. diploma and also at Cambridge.

In 1932 he retired from the position of senior surgeon to St. Bartholomew's Hospital, and thereafter lived near Exmouth, Devon.

He was a first-rate clinician, combining wide experience with common sense, and with what seemed an almost intuitive accuracy in hitting the mark. His lectures and rounds were always enjoyable and practical.

As a surgeon he was rapid and gentle, with a humane antipathy to lethal operations of magnitude, and a preference for those which, if less radical, were more frequently compatible with continued existence. His unassumed modesty and sim-

plcity, coupled with a reluctance to operate when not essential, and with a steadfast holding to surgical views which might be temporarily unpopular, but which he was convinced were correct (as time often proved) led him, perhaps, to be insufficiently appreciated by those who are dazzled by the limelight, to which he never aspired. However, though some surgeons might have achieved greater eminence in the technique of a given operation, the present writer, had such an operation seemed necessary on himself, would rather have had Rawling's opinion as to whether it was really necessary. This respect for his judgment was maintained and heightened during six delightful and profitable years as his house-surgeon and chief assistant.

His memory was amazing. On one occasion he did one set appendicectomy, followed by three emergency appendicectomies, and his house-surgeon (who now writes this) took the opportunity of jotting down the findings in each case before the next operation should blur his memory. On the next ward round, Rawling, as he came to each of these patients, detailed the findings as to the position, length, and condition of the appendix, the presence of concretions and free fluid, etc. His incredulous houseman quietly checked his chief's words against his own notes. The correspondence was exact.

He combined many other excellent qualities — vivacity, humour, accessibility, honesty, loyalty, kindness. It would be truer of him than of most men to say that he had few acquaintances, but many friends. Indeed, his popularity was tremendous.

One day he said, "There are three things a man needs for happiness at my time of life—happy home life (wife and kiddies), a decent bank balance, and good digestion."

This lovable and vital personality has now been withdrawn from us in the physical sense, and our profound sympathy is extended to Mrs. Rawling and his daughters. But his spirit lives on among us and will animate us for years to come, especially at those delightful annual meetings of his past and present house surgeons in which he greatly rejoiced, and which are to be continued under their old name of the Rawling Club.

Sir D'Arcy Power, writing to the "Lancet" (May 25th, page 983), says:—

"I knew Louis Bathe Rawling from his early student days, when he had just come down from Cambridge to begin his clinical work at St. Bartholomew's Hospital. For some years he was my assistant surgeon, at the somewhat remote period when it was the duty and the pleasure of the assistant surgeon to attend and help his surgeon in the operating theatre.

"Tall, good looking, debonair, of a cheerful countenance and a gentleman, he always met one with a pleasant word and a smile, and we never had a misunderstanding during the whole time we worked together. There was an intermediate period when he was a house surgeon. It was then the duty of C. B. Lockwood and myself as the junior assistant surgeon to supervise the house surgeons every morning at 9 o'clock in the casualty department of the hospital. Rawling never had to be reported, nor was he even a minute late; he treated the vast horde of out-patients as human beings, and was always on friendly terms with his dressers. He was perhaps somewhat over-sensitive because, being in the ordinary course appointed to act as assistant surgeon to Lockwood, my immediate senior, he degraded and attached himself to me, on the ground that he was not good at repartee. He retired from practice soon after he had become senior surgeon to the hospital, which was the goal of his ambition. When I last saw him a few months ago he was as cheerful as usual, and said that he was living quietly and happily near Exmouth."

RUBENS WADE

Rubens Wade was the elder son of the artist, the late Thomas Wade, and was born on February 15th, 1880, at Afflethwaite. He was educated at Sedburgh, Christ's College, Cambridge, and St. Bartholomew's Hospital, taking the Conjoint diploma in 1906.

Mr. Wade held the appointments of senior house surgeon and resident medical officer to the Royal Northern Hospital.

During the last war he held a commission as Captain, R.A.M.C., and became appointed as anaesthetist to the Military

Hospital, Sidcup, where he played an important part in the development of anæsthesia for plastic facial surgery, a new branch which was then being developed by Mr. (now Sir Harold) Gillies and his colleagues. The chapter on anæsthesia in Sir Harold's classical work, "Plastic Surgery," was written by Mr. Wade, as was an article in the "Lancet" in 1918 on "Methods of General Anæsthesia in Facial Surgery."

After the war he obtained anæsthetic appointments to the Throat Hospital, Golden Square, the National Dental Hospital, the Royal Northern Hospital, and St. Bartholomew's Hospital. At the two latter hospitals he was senior anæsthetist at the time of his death.

Mr. Wade never enjoyed robust health and suffered from deafness. He largely overcame this disability by perfect control of his voice and by lip reading. In his younger days he was an oarsman and rowed in his college boat.

In 1912 he married Phyllis Mary Landon, who died during his last illness. He leaves one son, to whom we extend our deep sympathy.

Mr. Wade had the rare combination of tact and skill which makes a first-class anæsthetist. He never became flustered, and carried on the most difficult work with efficient calmness.

During the twenty years that the writer knew "Ben Wade," as he was universally and affectionately called, he cannot recall a

single occasion when anyone said an unkind thing about him. There are not many people of whom one can say the same.

C. L. H.

* * *

May I, who knew the late Rubens Wade from Cambridge days until the last scene in the nursing home, be permitted to add a few words to the official obituary notice published in the JOURNAL. His attitude to the approaching end was typical of him. Unruffled, dispassionate, and gentlemanly, he almost looked forward to it as an interesting adventure, returning to my remark, "We come out of the unknown and go back into it," the words "and this thought is not without fascination." His thoughts were always for others, for the surgeon who had operated on him and had been severely worried by his case, for his wife, who had died a few months before him and had thereby been saved from the anxiety attached to critical times, and for his friends to whom it had been impossible for him to say good-bye. Unruffled in death, he was unruffled in life, and never during our long partnership as surgeon and anæsthetist have I once had to stop an operation because things had gone wrong at the other end of the table. There was something big in Wade, unexpressed in words, but implicit in his manner of living. He was the ideal anæsthetist and the ideal colleague.

KENNETH WALKER.

COMBINED LIGATION OF DUCTUS ARTERIOSUS AND SULPHAPYRIDINE THERAPY IN A CASE OF INFLUENZAL ENDARTERITIS

By KENNETH D. KEELE, M.D., M.R.C.P. and O. S. TUBBS, F.R.C.S.

ALTHOUGH ligation of the ductus arteriosus has been reported on several occasions, particularly by Gross, we have seen no case except that of Strieder's, in which it has been done as a means of combating active bacterial endarteritis of this region. The following case, of which this is a preliminary report, is one of proved bacterial endarteritis. Treatment has been along the dual lines of ligation of the ductus arteriosus and sulphapyridine administration.

C. W. (aet. 23) was admitted to St. Bartholomew's Hospital in October, 1939, with a five-months history of general malaise following an attack of "influenza," for which he was in bed fourteen weeks. During this period he noticed increasing pallor and loss of two stone in weight. There was no dyspnoea, or pain in the chest, hæmaturia or petechiæ. He knew that he had had "heart trouble" from birth.

On examination the salient positive points found were—pallor (Hb. 45 per cent.), the heart showed a slightly heaving impulse in the fifth space, $4\frac{1}{4}$ inches from the mid-line. A typical loud "machinery" murmur was heard all over the præcordium, maximal at the pulmonary base. This murmur occupied all systole and a large part of diastole, and was accompanied by a thrill in the region of the pulmonary base. Blood pressure was 120/60. Screening showed enlargement of the pulmonary conus. Both the liver and spleen were palpable. Small petechiæ were present on neck and shoulders. Urine showed albumen in large quantities, with a positive Guaiac reaction; microscopy showed many pus cells and red blood cells; culture, streptococcus faecalis. Blood culture was positive, an organism of the H. Influenzæ group being cultured—and this on several occasions. This organism was agglutinated to a dilution of 1 in 1,250. Blood urea was 71 mgm.

COURSE

A preliminary phase of conservative general therapy and transfusion failed to influence a higher fever of intermittent type, and rapid deterioration in the patient's condition. On November 14th, 1939, sulphapyridine was commenced—3 grms. daily. This produced vomiting and marked mental depression, combined with a dramatically flat temperature chart. With difficulty a dose of $1\frac{1}{2}$ grms. per diem was tolerated, during which the patient became almost afebrile and greatly improved generally in spite of some nausea. Blood culture, however, remained positive.

It was decided that after three weeks of this relatively satisfactory progress it would be possible, though obviously dangerous, to ligate the patient's ductus arteriosus in the hope of blocking off a large part of the vegetations presumed to be present.

Accordingly, after further transfusion, on December 5th, 1939, Mr. Tubbs performed the operation of ligation. The ductus arteriosus was exposed by the transpleural route, and identified with ease. It was large, about the diameter of a little finger. Two silk ligatures were put round, towards the pulmonary end of the ductus, and tied.

At once the regurgitation of blood into the distended pulmonary conus was seen to stop, and the blood pressure rose from 108/60 to 120/80.

As was to be expected, the post-operative course was "stormy." For some days there was severe oliguria and signs of uræmia developed. Blood pressure rapidly rose to figures of 182/120, œdema appeared over the neck and chest, and the blood urea rose to 216 mgm. per cent.

Three weeks later, however, his condition was better than we had ever seen it. Blood culture was negative. Though still complaining of headache, he was practically afebrile, red cells in the urine were markedly diminished, and the blood pressure was dropping slowly. By the end of January this was down to 138/94, the patient felt very well and had no complaints, the urine still showed red blood cells and albuminuria. During this period of improvement since operation no sulphapyridine had been given.

In February, slight rises of temperature occurred and the hæmaturia increased. Blood culture remained negative until that of March 26th, which was positive for the same para-influenzal organism. Sulphapyridine was recommenced, $1\frac{1}{2}$ grms. daily, in view of the previous success with this dosage. This was increased with the aid of alkalis, to 5 grms. daily, without ill-effects. Coincident improvement occurred, as shown by the temperature chart and symptoms during this course, which improvement lapsed as soon as the drug was discontinued. A second similar course was commenced totalling 31 grms. in nine days. This again produced the desired clinical result, nor was there any return of fever for a period of ten days after discontinuing the drug. At the end of this time a third course was given with maximum dosage of 7 grms. daily, totalling 35 grms. This finished on June 10th, since when, until the time of writing, the patient has remained afebrile and subjectively "never better in my life"—to quote his own words. Unfortunately, a blood culture taken on June 6th, in the middle of his course of treatment with a serum sulphapyridine level of 5.5 mgms. per cent., was positive—the same unmistakable organism being found.

This brief preliminary report has been made to celebrate the sixth month of survival since ligation of the ductus was performed—and it is not mere survival, for, however positive his blood culture may be, this man is at present enjoying life in a way that seemed impossible in October of last

year. He has not been cured, but a claim is surely permissible for the effectiveness of his treatment—far more effective than in any other similar case we have come across. A full discussion of the factors of importance cannot be entered into at present, but we would like to close by drawing attention to the following points that arise from this case:—

(1) The probability that the whole illness would have been prevented if the ductus arteriosus had been ligated in the patient's healthy adolescence.

(2) The correctness (if unwitting) of the original diagnosis of "influenza" in the

early stages of the illness, with influenzal endarteritis as a complication. The para-influenzal organism discovered has the typical properties usually associated with influenzal endocarditis.

(3) The conclusive evidence from this case that both sulphapyridine therapy and the ligation of the ductus arteriosus have greatly influenced the condition although they have not so far been curative.

(4) The reassuring fact that even after seven months' illness the operation of ligation of the ductus was successfully performed.

THE ARRIVAL OF THE BELGIAN CONVOY*

"WELL, I think I will go to the cinema to-night," said A. "Yes, I think I will come along," said B. "Oh, no, you will not," said Dr. Graham; "you are going to help with the convoy." "Convoy?" "Yes," said Dr. Graham, "we are expecting 240 from Boulogne at seven o'clock, some Belgian, some French, some surgical, some medical."

Mr. Cambrook, Dunn and Ellis were detailed to go to the station to meet the train, and after they had waited on the platform until ten o'clock the train steamed in. While the train was preparing to back on to the correct line, most of the "walking wounded" jumped out of the train, and, according to Belgian tradition, passed their water on the railway line. When they had been persuaded to re-embark, the train backed adjacent to the platform. As one man, a weary and rather pathetic crowd emerged from the train . . . complete chaos. Where were they to start? However, stage by stage, thanks to Mr. Cambrook's ability as an organiser, they were shepherded into the buses awaiting them, amidst the cheers of the assembled crowd.

In the meantime, in the Divisional Office, a large plan had been drawn up with lots and lots of figures . . . the predominating one being a rather overgrown "0" (we later discovered that the large size was for still another number to be inserted inside it).

The first problem was to sort out which were medical and which surgical, which French and which Belgian; but most important of all, which were ill and which were not, and to administer any immediate

treatment which might be necessary. For this purpose an enormous body was formed consisting of Honorary Staff, Housemen, and Students from the M.A.V. The advanced guard of this company was headed by Dr. Graham, who was armed with a pencil in his right hand and the complicated list in the other. As the men came in, first the walking wounded and then the stretcher cases, he asked each man the following question, "Blessé ou malade?" and the replies ranged from "Eh?" to "Wounded, sir"! It was on this classification that they were sent to surgical or medical wards respectively. Most of them went, but an odd few clung tight to their friends and landed in the wrong ward!

Then we all repaired to the wards, our hearts in our boots. . . . How were we to manage the language? We each went round our own cases, had a brief look at them, and by signs and symbols roughly discovered the system involved; but that was not enough, we wanted a proper history out of each of these men.

Just at that moment I noticed Conte Mendoza, in his usual cheerful way, talking to one of the Belgians . . . he seemed *au fait* with not only each language, but each dialect in those languages! Then I saw George Discombe, who had thrown his heart and soul into the "next of kin" list. . . . He also was freely conversant in French.

After the work in the wards had been completed, some of us repaired to Dr. Smart's room for tea. There I saw Conte Mendoza and asked him he would come round with me the next day and interpret.

* We are not allowed to say where.

"Oh, no, you don't," said Dr. Smart; "I have bagged Conte. He is going to have a busy day helping me to-morrow." My heart fell again. Those languages, those histories—why didn't we learn our French at the proper time?

The next morning the scene in the wards was very different from what I had expected. There was a small delegation, headed by Hall, already writing the histories. Hall was taking the history and interpreting, and Klidjian was demonstrating the sites of various aches and pains and writing it all down. What could be better? So just as Dr. Smart had "bagged" Conte Mendoza, I bagged Hall. We worked steadily all the morning on the histories, and, when nearing lunch time, along came Gaman. "I say," he said, "I think you ought to let Hall help me for a bit." "But I've bagged him," I said. However, we agreed to share him. In the next ward we found Poolman, speaking the most fluent French, with Weymouth acting as his secretary.

Now a word about the Belgians. They were, for the most part, tired out after the retreat. This was shown by the soundness

with which they slept, not only that night, but also the following day. Most had left their families behind in territory now occupied by the enemy, many had lost all their possessions, and quite a few had not even any clothes. The English soldiers at once rose to the occasion, made a collection for their immediate wants, such as cigarettes, lent them clothes, started to teach them to speak English, and, what is more, made friends with them and welcomed them.

On that fateful day when King Leopold committed his act of high treason by his independent capitulation, the atmosphere in the Belgian wards was tense. There was extreme indignation. He had not one single supporter. There was only one thought in their minds—to join up with the British Army and get back to engage the common enemy.

I am sure that I speak for all of us when I say that we have grown very fond of these Belgians and French. We wish them every success in the future, that their land may be freed from the tyranny of the invader, that they may return to their families, and that there will be peace.

B. G. GRETTON-WATSON.

ANNALS OF A QUIET NEIGHBOURHOOD FIFTY YEARS AGO.

1. EXTRACT FROM THE CASE BOOK OF A COUNTRY DOCTOR

John Betterton, aged 67, Poulton.

Occupation, journeyman butcher.

This patient presented himself June 24th, 1887, with the following history:—On June 15th he had been requested to cut up a bullock which had shown symptoms of serious illness, coming on suddenly, and rapidly getting worse, and which had then been killed with a scythe.

He stated that the blood was black and tarry-looking, and did not coagulate, and that there were spots of hæmorrhage about the meat. Two or three days afterwards he noticed three little pimples on his left forearm, which itched very much, but he took no notice of them at first, until they began to enlarge, and the arm and forearm to swell. Within the last day or two the arm had become much worse and the swelling had markedly increased.

The following were the appearances presented:—

The whole arm, from the tips of the fingers to the axilla, was enormously

swollen by a peculiar looking, dead white œdema, which did not pit on pressure. About the junction of the middle and upper thirds of the forearm were four round, hard, purplish-black eschars in different stages. They were all slightly depressed below the surrounding œdematous tissue, and were each encircled by raised vesicles like large blisters, evidently full of clear fluid. There was no area of brawny infiltration, nor was there any tendency to suppuration. The purple patches were not markedly painful on pressure. The man had walked over a distance of four miles, and appeared weak and exhausted. His tongue was very foul, and his bowels costive.

I learned from others that he was very intemperate. I recommended him to come into the Cottage Hospital at once, but he declined.

The next morning he came again, begging to be admitted into hospital. The general appearance of the limb was much worse. He was admitted at once, and put to bed.

I examined some of the blister fluid under the microscope, and with a power of 200 diameters, saw a few red blood corpuscles, a few leucocytes, and a great number of motionless, red-shaped organisms. Many of them were in single segments, but some were joined together in chains of two or more lengths. With higher powers no other organisms were visible.

Concluding that this was a case of anthrax, I freely excised the four patches, and applied the actual cautery. The patient took chloroform well, and complained of no pain afterwards. He had a very restless night in spite of two 20 minim doses of Battley, and died the following morning, June 26th, at 9.30, remaining conscious to the end.

2. FROM THE WILTS. & GLOS. STANDARD

Sad Death from Blood Poisoning.—On Saturday last, the 25th June, Mr. John Betterton, butcher, of Poulton, was admitted to the Farford Cottage Hospital suffering from an apparent case of blood poisoning, and, notwithstanding all that could be done for him, he died on the following morning. There have been some sensational rumours afloat in regard to the case, and the death of the deceased having been attributed to anthrax contracted in the exercise of his business, we have been at some pains to ascertain the exact history of the affair, in order that the public might be assured that the alarming statements made are without foundation. It appears that on Wednesday, the 15th June, a bull belonging to Mr. Marshall, of Poulton Priory, was being worked at water-cart. The animal was very fat, and as it became distressed by the heat and unwonted exertion, it was directed to be placed in the cool. The place selected, however, was draughty, and in the evening the bull was found to be very bad, the symptoms being so serious that Mr. Marshall directed it to be slaughtered. On the animal being opened it was apparent that the cause of its illness was congestion. Betterton was called in to dress the carcase, and he did so. Mr. Marshall sent to Mr. Jesse Smith, butcher, of Cirencester, explaining the circumstances, and asking him to come and see if anything could be done with the meat. On Thursday, the 16th, Mr. Smith sent his slaughterman to Poulton, with instructions to advise Mr. Marshall to have the meat boiled up for the pigs if there was the least doubt in the case, but to pack and send the carcase to the London market if it was quite good. The slaughterman found that the meat was in perfect condition, and he accordingly packed it in hampers and took it to Cricklade station for conveyance to London. Owing to the scant railway facilities at Cricklade, the meat was not despatched till the evening of the 16th, and did not reach London till the following day, too late for the market. The salesman called the attention of the inspector to it, and it was not surprising that, having been so long packed in hampers and exposed to the intense heat, three of the quarters were found to be tainted and had to be condemned. The fourth quarter

was good, and was accordingly sold and the proceeds returned. Meanwhile, Betterton, who suffered from erysipelas, and who had two small sores on his arm at the time he dressed the animal, found signs of inflammation present themselves. He continues, however, his usual diet, including the use of beer, and applied several kinds of oils, etc., to the sores, which tended to increase the inflammation. On the following Thursday, the 23rd, he killed a sheep and a pig for Mr. Harris, shopkeeper in the village. On Friday, complying with the persuasions of neighbours, he walked to Fairford and consulted Mr. Bloxsome, who saw that his symptoms were serious, and advised him to enter the Cottage Hospital. This he declined to do, but on the following day, Saturday, the 25th, he walked to Fairford and entered the hospital. As showing the imprudence of the patient, it may be mentioned that he called at one or more public houses on his way to the hospital and had beer. On the following morning (Sunday), death ensued, and alarming rumours soon became current, it being asserted that Betterton had died from anthrax, and that he had got the contagion from Mr. Marshall's beast. The police were communicated with, and Dr. Bond, the Medical Officer of Health, was also informed, and the latter gentleman, as a precautionary measure, advised that lime should be put in the coffin of the deceased, and that when in the grave it should be covered with lime to the depth of two feet. Dr. Bond afterwards visited Mr. Marshall's premises, and at once found that the case was one of a very ordinary nature. The state of Betterton's health rendered him peculiarly liable to blood poisoning, and his treatment of the sores and daily diet after the occurrence, aggravated the disorder. If anthrax had been the cause of death, the patient would probably not have survived more than four days, instead of which he lived ten days, and would most likely have recovered if he had sought medical aid earlier and had adopted ordinary care. Much was made of the fact that the kidneys of the bull were given to three ferrets on the evening of the 18th, and that they were found dead on the 19th. These animals, however, evidently died from overgorging themselves, for two of Mr. Marshall's men divided the bull's heart between them, had it cooked, and their families dined off it with perfect enjoyment and without the least ill effects. While sympathising deeply with Mr. Betterton's friends in his sad death, we felt that the above full explanation was due to all concerned.

THE RECENT CASE OF "BLOOD POISONING" AT POULTON

To the Editor

Sir,—In your account of this case, two or three statements occur which are not in accordance with facts. Will you kindly allow me to mention:—

1st—That anthrax is *not* necessarily fatal in four days, as the period of "incubation" is frequently much longer than that, and the duration of the disease, when established, varies from 48 hours to three weeks.

2nd—That Betterton had *not* erysipelas.

3rd—That the case was *not* one of "blood-poisoning" in the ordinary acceptance of the term.

I refrain from saying anything further at present, as the matter is still sub judice.

Yours truly,
C. H. BLOXSOME.

Fairford, July 3rd, 1887.

(We, of course, most willingly publish Mr. Bloxsome's letter, but, with due respect to him, we consider it to be the duty of a public newspaper, when a panic of this kind is set on foot without any apparent foundation, to ascertain as far as possible what are the true facts of the case, and to publish them for the reassuring of the public mind. In the present instance our information was obtained from what we believed to be fully competent authority, and this is shown to be the case by the fact that our account has proved to be accurate in all its essential details. Mr. Bloxsome's first point is that "anthrax is *not* necessarily fatal in four days," but that "the period of incubation is frequently much longer than that, and the duration of the disease, when established, varies from 48 hours to three weeks." We would remind Mr. Bloxsome that we did not put the case so strongly as his letter would appear to convey. All we said was, that if the disease had been anthrax, "the patient would *probably* not have survived more than four days." Mr. Bloxsome is no doubt safe in saying that anthrax is *not necessarily* fatal in four days, but, of the two limits which he gives we believe it will certainly be found that for every case of *true* anthrax which survives inoculation a week, there will be at least a dozen which will die within that period. As to his second point, Mr. Bloxsome is right in saying that Betterton "had not erysipelas," i.e., *at the time he died*. We should have written that he "had had erysipelas," i.e., some time previous to his accident, which shows that he had a tendency to blood-disease. With reference to the third point, if Mr. Bloxsome does not consider a case of anthrax (admitting for the sake of argument that Betterton *was* such a case), which is produced by inoculation, to be a case of "blood-poisoning," perhaps he will be good enough to state what meaning he gives to this latter term. If Betterton's blood was not *poisoned* by the inoculation in question, whether it was of anthrax or not, it is difficult to see how blood can be said to be "poisoned" at all.—Ed. W. & G.S.

To the Editor

Sir,—I beg to thank you for your straightforward account of the unfortunate death of poor Betterton, and of the circumstances connected therewith.

I have heretofore been always able to take care of myself, and I trust to being able to do so in the future; but for all that, I feel very grateful to you for the steps you have taken to give publicity to the facts, and stop the hue and cry which has been raised against me on what appears so far to have been very insufficient grounds. I however fail to find in your paper any letter from Mr. Bloxsome, explaining how he came to make the extraordinary mistake he did; and I think you, sir, and those of your readers who have heard it stated that I employed Betterton to dress a bull dead of anthrax; then Mr. Smith, of Cirencester, to send the carcase to London; and that after that Betterton—poor fellow—died in Fairford Cottage Hospital, of anthrax contracted from skinning this bull twelve days previously, will expect to be told how all this turns out to be a mistake after all.

These were grave charges that should not have been lightly made, being likely to do great injury to the people implicated, and I should like to know the grounds on which they *were* based.

From all authorities within my reach I gather that the diagnosis of anthrax is exceedingly simple, and consists solely of the determination of the presence of the *Bacillus Anthracis* in the *blood*.

Did Mr. Bloxsome find this bacillus in Betterton's blood, and has he obtained confirmation of its presence before or after he made this statement as to the cause of death?

This I should like to know, and hope he will tell us.

Then my poor friend, Betterton (for he was an old ally of mine, and no one regrets his death more than I do), was notoriously a free liver, and on the very day he went to the Hospital he roused up the landlady (I am told) of our village inn from her bed in the early morning to give him brandy; and, I hear, visited other publicans also on his way; and I should like to know from Mr. Bloxsome if a man so conditioned was in a fit state to have an operation performed on him, and what percentage of such men he would expect to pull through operated on under similar conditions?

Accept, sir, my gratitude and respect, and believe me,

Yours faithfully,
H. J. MARSHALL.

Poulton Priory, July 4th, 1887.

LETTERS TO THE EDITOR

The Recent Case of "Blood-Poisoning" at Poulton

Sir,—As there appears to be a more or less general expectation that I should make a definite statement concerning my connection with this matter, I will ask you to be good enough to publish my notes of the case, taken at the time.

I have nothing more to say except that I have prepared some sections of the tissue removed, which show up the Bacilli very well, and I shall be very pleased to submit them to the inspection of any competent microscopist.

Yours truly,
C. H. BLOXSOME.

Fairford, July 11th, 1887.

MEDICAL RESPONSIBILITY

To the Editor

Mr. Editor,—I am ignorant of the circumstances which have caused so large an amount of feeling to be displayed by yourself and Mr. Marshall, in respect to Mr. Bloxsome's certificate of the cause of death in the person of his late patient, Betterton; but, in the interest of the medical profession, of which I am a humble member, I desire to protest against the inference implied by yours and his remarks. Surely a medical man is not to be held responsible for any "panic" which may arise, by his recording the truth in a certificate which he is compelled by law to give to a certain authority after the death of any patient under his care. If a patient be brought to me in the pangs of death by arsenic, and he dies, am I to refrain from stating (in a certificate legally required of me) the *cause* of death, lest it might possibly throw a suspicion of guilt on some person in the neighbourhood. More, in passing, I would ask what knowledge of Pathology, or of anthrax in particular, does Mr. Marshall possess, which

justifies him in bringing a serious charge against a medical practitioner, by publicly enquiring (through a newspaper read by many of his patients) "how he came to make the extraordinary mistake he did?" Now, it so happens, that Mr. Bloxsome has made no mistake, much less an "extraordinary mistake," in his certificate concerning Betterton. Mr. Marshall, somewhat triumphantly, asks, "did Mr. Bloxsome find this bacillus in Betterton's blood? Mr. Bloxsome *did* find this bacillus in Betterton's blood." Mr. Marshall also wants to know, "has he obtained confirmation of its presence?" Mr. B. will, doubtless, treat this enquiry with such respect as it deserves; but, if so experienced a microscopist as he is should seek "confirmation" of it, I am enabled to say that I also have seen this "bacillus" in the diseased fluid of the said patient. Mr. Marshall informs the public that he has "been always able to take care of himself," and I think Mr. Bloxsome is equally capable to "take care of his professional honour," against any attack made by Mr. Marshall or anyone else; and it is not therefore with the Quixotic presumption of aiding Mr. Bloxsome that I write, and he is, moreover, quite unconscious of my proceeding; but, as an aged member of the medical profession and a quondam lecturer on pathology, I write to protest against inference that a medical man should be influenced by any other consideration than that of recording the exact truth when legally called upon to give a certificate of a patient's death. Whether the truth so recorded should create a "panic" or offend a country squire, is no matter for his regard. The medical profession is burdened with responsibilities enough without adding the incubus which you seem desirous to fix upon it.

I am, yours respectfully,
JOHN HITCHMAN, M.D., F.R.C.S.,
*Fellow of the Royal College of Physicians,
London.*

THE POULTON "BLOOD POISONING" CASE
To the Editor

Sir,—I have been very interested in reading the reports and correspondence which have appeared in your columns relating to the above. As Mr. Bloxsome says that he has mounted some microscopic specimens of the diseased tissue, I would suggest that they be submitted to the examination of some eminent bacteriologist or pathologist, such as Drs. Burdon-Sanderson, Klein, or Schafer, who would decide if the bacteria present is the bacillus anthracis, or if it is the *B. septicaemiae* (the organism found in ordinary blood poisoning). I would write more, but trust that my suggestion will put an end to any further controversy on the subject. Apologising for intruding upon your valuable space.

I am, Sir, your obedient servant,
"JUSTITIA" (M.R.C.V.S.L.).

REPORTED CASE OF ANTHRAX
To the Editor

Sir,—I daresay you and your readers are tired of this subject, and I only trouble you now to ask Dr. Bloxsome, in the interest of science, to forward to the College of Veterinary Surgeons or the Veterinary Department of the Privy Council the "sections of the tissue removed," which he says he has prepared, that the Bacillus there shown may be compared with the real article and its identity determined.

I understand from Mr. B.'s letter in yours of 16th, that these Bacilli were only taken from "blister fluid," which is unfortunate, as I am told on good authority that such fluid always (or nearly always) contains some sort of Bacillus, and the writers on Anthrax insist on the presence of the Bacillus Anthracis in the *Blood only*.

It is, of course, quite possible that Betterton (supposing he had Anthrax) contracted that disease from one of the animals slaughtered subsequently to my bull; but if it was from that animal the poor fellow caught the disease, the following facts give the case a peculiar interest:

- 1st, No other cattle or animals of any sort on the farm have shown any signs of the disease; excluding, of course, the three ferrets, the cause of whose death was not ascertained.
- 2nd, Of the five men who assisted Betterton in skinning and cleaning the carcase, two had sores on their hands and arms, but none are or have been any the worse for the operation.
- 3rd, Two men and their families partook of the heart cooked, and the sheep dog of as much of the offal *raw* as he could eat, with no bad results.

Under these circumstances, I hope Dr. Bloxsome will forward his preparations as I have suggested above, and so do what is possible to help elucidate the matter.

I do not feel called upon to answer Dr. Hitchman's letter, and remain, sir,

Your obedient servant,
H. J. MARSHALL.

BLOOD POISONING CASE
To the Editor

Mr. Editor,—Like unto "Justitia," as related by him in the last issue of your paper, I have been very interested in reading the reports on the above case, but few things in the reports have so much astonished me as the simplicity of "Justitia" himself, more especially as he appends the letters M.R.C.V.S., L. to his pseudonym. What in the name of elementary pathology can he mean by suggesting to Mr. Bloxsome that he should send his "microscopic specimens" to distinguished pathologists to decide whether the "specimens" contained the "Bacillus Anthracis," or the *B. Septicaemiae* ("the organism found in ordinary blood-poisoning")!!? Mr. Bloxsome has long ago learnt the alphabet of pathological mycology, and is not therefore likely to stultify himself by sending *such* a requisition either to Klein or Burdon-Sanderson. As to "Bacillus Septicaemiae" being in one of the "microscopic specimens" Mr. B. preserved from the serum and blood of poor Betterton, were I to ask him if it was so, I am afraid he would quiz me, by employing the language of "Betsy Prig," and saying, "I don't believe there's no sich person." In sober fact, this organism is not likely to be found under such circumstances. "Justitia" may probably have heard of such a Bacillus, in connection with Koch's experiments on the house-mouse, but the two organisms, the "Bacillus Anthracis" and the "Bacillus Septicaemiae," are as easily distinguished the one from the other as an English dray horse from a Shetland pony. The "Septicaemiae" are so small as to be seen only by very high powers, being only 1 m. in length, and 0.1 m. in breadth, while the Anthrax bacillus is 5.20 m. long

by 1 m. broad; that is, it quite as much outstrips in relative size the B. Septicæmiæ as does the dray horse the Shetland pony.

There are few obscure cases in medical practice which can so rightly claim the expressive letters Q.E.D. as can Mr. Bloxsome's nomenclature of the cause of Betterton's death. *Diagnostic* facts have been richly supplied by his detractors. The chief of these tells us that some men ate of the heart of the suspected beast with impunity. Now, of all the organs of the body the heart is about the least likely to be affected by the bacilli; but if, even assuming that in this seemingly virulent case, a few may have been present, I suppose even "Justitia" is aware that effective *roasting*, or boiling, destroys the pathogenic power of the organisms. Happily for us all this is so. Three poor ferrets ate their allowance *raw*, and died afterwards. "The cause of whose death (we are coolly told) was not ascertained." Again, the same writer tells us, "the *sheep dog* partook of as much of the offal *raw* as he could eat." This important fact is of great *diagnostic* value, coupled as it is, with the other remarkable circumstances above stated; inasmuch as experimenters on "Anthrax" have laid it down as an axiom, that the dog is peculiarly "refractory" to the poison, even by injection. Dogs have had the "Anthrax Bacillus" injected into their system, and have not died; ferrets, less fortunate, have died after simply eating the raw flesh. I do not affirm that it is impossible to poison a dog by anthrax-blood, but he is peculiarly "refractory" to the poison, so that the above fact of the dog's experience in the case in question is most noteworthy. In the practical work "Pathological Mycology," by Woodhead and Hart, an attempt is made to throw some light on this fact, "Why should the anthrax bacillus attack man, an ox, or a mouse, and not a dog?" Green, a modern pathologist, in the sixth edition of his work on Pathology, alleges that old dogs are not affected by it. Therefore, Mr. Bloxsome must have smiled at the above proofs brought forward by his censors to show his patients and others "the extraordinary mistake he had made" in his diagnosis, even if he did not smile at the insinuation conveyed by the question, "What percentage of such men he would expect to pull through operated on under similar circumstances?" Borrowing "Justitia's" amiable gift of "suggestion," I, also, would venture to suggest that before he "writes more" on the subject, he should read "Koch on Traumatic Infective Diseases," Watson Cheyne's writings in the "Pathological Transactions," and Burdon-Sanderson and Greenleaf's paper in the 31st number of the "Royal Agricultural Society's Journal," 1880, and he will then probably perceive that his "suggestion" to Mr. Bloxsome was something of an absurd proposal.

I am, yours respectfully,

FIAT JUSTITIA, F.R.C.S.E.

July, 1887.

The Coup de Grâce. "This correspondence is now closed."

THE RECENT CASE AT POULTON

To the Editor

Sir,—Anticipating Mr. Marshall's request, some weeks ago I submitted this case to Mr. Watson Cheyne, one of the highest authorities on this

subject known to science, although personally I did not consider it necessary to seek confirmation of my diagnosis.

I received the Report, a copy of which I enclose for publication (with Dr. Hitchman's courteous concurrence) this morning; and it is, I think, quite unnecessary to make any addition to it in reply to your correspondents' objections.

Yours truly,

C. H. BLOXSOME.

Fairford, July 28th, 1887.

(Copy of Report)

"59, Welbeck Street,

"Cavendish Square, W."

July 27th, 1887.

"On June 28th, I received a letter from Mr. Bloxsome, of Fairford, asking me to examine certain portions of tissue from a case of suspected Anthrax. As I was away from town at the time, I asked Mr. Bloxsome to harden the material, and send it to me about July 18th.

"Accordingly, on July 19th, I received a bottle containing three pieces of skin and subjacent tissue, labelled 'Betterton'; two microscopical specimens, one of the contents of a vesicle taken during life, and one a section of tissue; and notes of the case.

"The specimen of the contents of the vesicle showed large numbers of Bacilli presenting the same characters as those which I have found in sections of the tissue. The stain had faded considerably, and this was more especially the case with the other specimen, in which, however, I have been able to find the same Bacilli.

"I have made sections of the various portions of tissue sent, and have stained and prepared them in the usual manner. Large numbers of Bacilli are present, which stain well by Gram's method. Their size and shape is that of Anthrax Bacilli as seen in cases of human Anthrax. They are in largest numbers around the vesicles, but they are also found in groups deep down in the tissue; and in some parts they seem to be in the interior of the capillary bloodvessels.

"Even without the cultivation test, which cannot, of course, be applied now, these Bacilli are so typical that I have no hesitation in stating that they are the Bacilli of Anthrax.

"The clinical history of the case is that of a case of Anthrax.

"From the microscopical appearances, the clinical history, and the facts stated with regard to the effects of the material on the lower animals, there can therefore be no doubt that this patient died of Anthrax.

"W. WATSON CHEYNE."

7

EPILOGUE

The M.O.H. lays much stress on Betterton being a drinker and liable to erysipelas.

"The Bull," he reports later, "was of a full habit of body, to repress which he was put to do a certain amount of cart-work, which on June 15th had, combined with the heat, so exhausted him that the Squire considered he had contracted congestion of the lungs, and so caused his throat to be cut with a scythe, and sent for Betterton to skin and dress the carcass."

The M.O.H. agreed with the Squire that the bull died of heat apoplexy, and added that in dressing the carcase Betterton had inoculated himself with some infected matter that has "produced Septicæmia, the excitation of which, as well as the fatal result, had probably been much induced by his previous habits of inebriety combined with the erysipelatos tendency and with the exhausting efforts of his two walks to Fairfield."

On hearing of Mr. W. Cheyne's opinion he writes in his report:—Although I do not wish for a moment to throw the slightest doubt on the accuracy of the observations made by Mr. Bloxsome and Mr. W. Cheyne, I think that if they are to be

accepted in all the force which they attach to it, we shall have to modify somewhat the views which are generally entertained as to the diffusiveness of the infection of Anthrax, and also as to its origin and effects. In this opinion, he says, he was supported by the Inspector of Cattle under the Contagious Diseases Act.

A neat and impressive "get out," but he thought it might be just as well "in view of the possibility of any infection attaching to Betterton himself" to give instructions for his cottage to be disinfected by sulphuring, and to be then whitewashed, and also for the body to be well surrounded by sawdust soaked in carbolic acid, and for the coffin to be covered in the grave with lime, and all the man's clothes to be burned.

PARIS

Whitsuntide in Wartime

[This article was written before the Battle of France had begun. Succeeding events have already rendered it obsolete, though some of the author's observations have become all the more interesting.]

THE day of departure from England chose to be perfect-sea smooth, with a wonderfully clear sky and bright sunshine. Having gone through all the formalities at the port which, by the way, were very easy considering the times, the boat was boarded. The unusual signs of two guns mounted aft manned by French sailors and two anti-aircraft guns on the promenade deck, together with the grey painted steamer, helped to accentuate the contrast of pre-September days with the thoughts of those late winter afternoons crossing with the boat full of youthful people, many armed with skis, chatting and full of hopes for a holiday in sunshine and with good snow. The crossing was done in one and-a-half hours and was uneventful; on arrival in Calais the Paris train did not leave for a couple of hours. A brief walk through the old town in brilliant sunshine, the fishing boats rising gently on the swell along the quay side, made a very agreeable picture, marred somewhat, on further inspection, by anti-aircraft guns mounted on their little cabins!

The train, a modern Deisel electric, started precisely on time, and ran straight to Paris without stop. En route the peaceful countryside looked so green and fresh, cattle grazing in the fields and peasants preparing the fields for the

harvest which was destined never to be reaped.

The first thing noticeable on arrival in Paris was the large number of cars on the streets; no shortage of petrol was apparent. Food was plentiful, although three days a week pastries were forbidden and on other days butchers' meat; also on certain other days no alcoholic drinks were allowed, with the exception of beer and champagne; the latter at 4 frs. a glass made the decision of what to drink a very easy one!

On the boulevards was the usual procession of pedestrians, the Parisienne seemed to be as smart as ever, most of the men were in uniform, and everyone appeared to be very cheerful. With the Champs-Élysées decked with the magnificent chestnuts in bloom, the scent of the syringa and the trees of the boulevards dressed in their new green coats, Paris this Spring seemed to be particularly lovely.

So two days passed idly and pleasantly, when suddenly, in the early hours of Friday morning came the first indication of a change—an "alerte"! The wail of the sirens, quickly followed by the running of feet, the persistent buzzing of the telephone by the bedside, caused an awakening to the realities of the situation. A period of silence, then the rat-a-tat-tat of the anti-aircraft guns. That morning the papers were full of the news that Belgium and Holland had been invaded. From this time the "alerte" was a frequent occurrence, and the next afternoon, after a visit to the Invalides to see the tomb of Napoleon

(fruitless because the tomb was covered with sand bags) another alarm occurred; it was an interesting experience to see the streets clear so quickly and easily, the people being directed to the nearest "abri." The "abri" in which the writer took shelter was a deep cellar in an old building, quite comfortably fitted up by the occupants of the house, with chairs and even a screen to prevent draughts from the door! Twenty-five other people were sheltering there, together with several children, and one was struck by the calmness of the occupants and the philosophical way in which the air raid was taken. The women were very friendly, chatting together of the experiences of their relatives and friends in the outlying districts of Paris, and airing the rumours of the various bombs dropped on the different towns; the men smoking. A little girl played with her doll, oblivious to the noise of the raid.

The afternoon was completed by a visit to Versailles, only to find that the chateau and gardens were closed. A stroll through the woods was interrupted by English voices. On investigation these proved to come from some young R.A.F. men playing football with some local French lads.

Naturally, with the sudden onset of activities it was necessary to return home as quickly as possible, and enquiries led to the discovery that Calais, Boulogne and already Dieppe had been bombed and were closed to passenger traffic; this necessitated waiting for a boat and sailing from a port further south.

The most forcible impressions of the whole trip were the absolute calm of the French in air raids, and their fierce determination to defeat "le sale Boche." One concluded the visit very heartened and cheered by this knowledge.

W. A. H.

THE PATRIOTIC PATHOLOGIST

We must rule out the works of Weil-Felix
and Weil,

Of Widal, of Wilms and of Weiss,
Of Werlhof, and Wassermann, Zenker,
and Zahn,

They're all far too Deutsch to be nice.

And Albers and Aschoff, Ayerza and such
Must be purged from our midst, for
they're Huns,

And Langhans and Lipschütz, Ludwig and
Küss

Are none of them Englanders' sons.

So never to Freidreich, nor Frölich, nor
Frei,

Shall we raise our professional hat;

We'll pretend there's no cause for our *mors*
—we just die,

And quietly leave it at that.

CORTEZ.

CORRESPONDENCE

M. and B. 693 POISONING AT SEA

To the Editor, *St. Bartholomew's Hospital Journal*
Sir,

The following experience of mine recently may be of interest and instructive. A young seaman showed all the signs and symptoms of a left-sided pleurisy and there were many crepitations to be heard above the loud rubbing sounds. The temperature was 104; respirations 45, and the pulse 130. Thinking of giving M. & B. 693, I enquired if any salts had been taken, and received a negative reply. Therefore, I gave the maximum dose, intending to repeat in three hours, as I have done many times before. In under the hour the patient was practically unconscious. I say practically, because there was the slightest response to the prick of the needle and a slight flicker of the eyelids. The breathing was very marked, Cheyne Stokes classification, though the heart beats were forcible all the time; knee and planter reflexes were plus—very definitely so. There was no retraction of head; there was no discoloration of the skin, rather did he become more flushed than he was before. My first thought

was general spinal meningitis as a complication to the pleurisy and pneumonia, this being strengthened by the presence of facial twitchings. Having to decide whether to have the ship make the nearest port, which meant turning on our track for 24 hours (and this is no matter to treat lightly), my position was not too enviable. The captain gave me till noon (he was most sympathetic), but at 11.0 a.m. the patient showed signs of returning consciousness and by noon was "round." Later, I learnt that he had two good doses of Andrew's Liver Salts the previous day, but did not think I included them in my question. He had not had an egg for two days. Was this a case of idiosyncrasy or sulphur poisoning?

The pneumonic crepitations subsided in 24 hours but the pleural effusion increased up to the axilla and the patient was landed at our usual port of call.

I remain,

Yours faithfully,
GERALD N. MARTIN.

C/o. Messrs. Elders & Fyfes, Ltd.,
At Sea.

THE BALLANSIAN CREED

To the Editor, *St. Bartholomew's Hospital Journal*
Dear Sir,

Permit me to protest against the inclusion in the JOURNAL of a production such as the Ballansian creed.

It could hardly fail to shock many readers, nor escape the criticism it would appear to deserve.

Yours faithfully,

E. MARCON.

48, Porchester Terrace,

W.2.

June 10th, 1940.

[We offer our sincere apologies to those who were offended by the Ballansian Creed published last month. We can only assure them that the author did not realise that it would be interpreted as irreverent.]

NATIONAL UNION OF STUDENTS

[We regret that it is only possible to publish extracts from a very lengthy correspondence on the N.U.S. Correspondents are requested, in view of paper shortage, to write as concisely as possible.]

Points from Letters

... Since the beginning of the war the N.U.S. London Medical Committee has undertaken a number of activities of which it is only possible to mention a few in a letter. They have worked out a plan by which, if there is a great shortage of doctors and it is found necessary to speed up their training, they consider that the least valuable parts of our education can be omitted, and have sent this scheme to the examining bodies. They have considered the question of conscription and asked that so far as is possible students on qualification should be allowed an adequate period of house jobs, the principle of which has already been accepted by the Central Medical War Committee, to ensure that they are properly qualified for their responsibilities.

They then, in conjunction with Manchester, organised what proved to be a very successful conference. Here delegates from nineteen medical schools discussed education in war-time. They drew up a plan for the use of students in air raids by which they considered they could continue their education while ready at their posts. They adopted the L.M.C.'s plan for the modification of the curriculum should this prove necessary, and advocated speeding up by curtailment of holidays in the preclinical course. At a session chaired by a member of the Central Medical War Committee, they discussed the position of the newly qualified man and conscription. They asked that doctors should be allotted on a national basis in the necessary proportions between the armed forces, medical research and the civilian population, so that the latter should not be left in the care of those above the conscription age alone. They also urged that the C.M.W.C. should consider not only the economic hardship of those going into the forces, but also that some arrangement should be made for those who return at the end of the war and need assistance for further training, civilian practices, etc. Professor Platt undertook to convey the conference recommendations to the C.M.W.C.

The Committee is now about to bring out a plan for training in first aid, military hygiene, war-time dietetics and treatment of war casualties, based on that already in force in St. Mary's, which it is hoped will be undertaken by other hospitals. ...

It is surprising that so much interest should be aroused in a hospital which has not, through lack of contact with the Committee, been able to furnish its mouthpiece with the facts. Criticism of its activities would be helpful to all members working on the Committee, but would be far more constructive if they would send a representative of their own to acquaint himself with its activities, and do more than cry aloud in a desert of misconceptions.

A. D. BURNS,

for the London Medical
Committee of the N.U.S.

With regard to your correspondence *re* the N.U.S. Medical Committee, may I point out that Mr. Bailey's account of their activities is wholly misleading and in accordance with none of the known facts of the case.

Since I found his conception of things totally out of tune with the opinion of many in this Hospital, I thought it would be worth while to attend their last two meetings as an interested "observer," in order to discover their real motives and action.

Firstly—they form a strictly non-political body, whose purpose is solely—

(a) To suggest new ways of educating and making good doctors;

(b) That students should be able to be of maximum use to further the war effort.

... If war-time teaching in our Hospital is excellent compared with others—and they were the first to admit it—then we should surely contribute with the force of our achievement to their constructive work, in enabling students of other hospitals to feel they were progressing towards something better, more efficient management. ...

The main point of this letter is to suggest that—

(1) Mr. Bailey's letter is a phantastically subjective account of a phenomenon he knows little about.

(2) We, as a first-class Hospital, should show our scientific spirit by sending a representative to meetings of the London Students' Medical Council.

PETER F. JOHNSON.

[The Report of the British Medical Student Association plan can be obtained in the Cloakroom, price 1d.]

It was with much surprise and concern that I noted the contents of Mr. A. G. S. Bailey's letter in the June issue of this JOURNAL. After dealing in a somewhat peremptory manner with the meeting of the N.U.S. Medical Committee which took place last December, he proceeded to make the following remarkable statement:—

"Some gentleman did appear at the meeting and announced that he represented some thirty Bart.'s students. I should hesitate to give details of who these thirty students were!" ...

... I must say that I strongly deprecate the manner in which Mr. Bailey has spoken so slightly of the thirty-odd students who were billeted last year at the Royal Northern Hospital, and whom I had the honour to represent at the meeting already referred to in the columns of this JOURNAL. It is to be hoped that he will take an early opportunity of making an equally public apology.

DAVID WEITZMAN.

[Mr. Bailey wishes it stated that he is sorry his meaning was not made clear. He hesitated to give details of the thirty students because Mr. Weitzman did not disclose any.]

HILL END NEWS

The last few weeks of glorious sunshine and perfect weather has made Hill End and its environs an extremely pleasant place to live in, and many of us who are leaving at the end of June have been seriously tempted to conjure up some excuse by which we can justify to ourselves and the authorities that a further three months here would be a good thing. However, so far nobody has been able to furnish sufficient justification for prolonging their sojourn here, so the return to Bart.'s seems inevitable unless Oster House comes to the rescue and students are needed to fill the breach.

Activities have been mainly devoted to the open air, very little dancing having been done, and swimming at the Splash has been a very popular pastime at all times during the day despite pleading notes inquiring why Mr. Winocour or Mr. Tadros have not attended the Psychology lecture. The recognised and official Hill End Poker School may always be seen gathered together round a small table at the Splash, playing with some unsuspecting victim who has been drawn from the crowd and who looks much happier when he is in the bath. It is interesting to note that each victim makes his debut but once with the celebrated School, having learnt all his lessons in one sitting. Such is the high standard of teaching among the staff.

Even cricket has its problems, and perplexing incidents arise which at first seem intensely mystifying but which on inquiry later are proving to have a simple origin. The case in point happened during a Sunday match, when a scratch team had to be hurriedly formed owing to the failure of De Havilland's cricket team to turn up. During the course of the game a certain member of the team was seen to leave the field and return some ten minutes later. No notice was taken of this at first, but when it occurred yet again and again it was decided that discreet inquiries should be made at the end of the game. Inquiries duly made confirmed the diagnosis that rhubarb had been the sweet at the previous day's lunch.

To those remaining here at the end of this month we wish luck and a further continuation of this glorious weather, and trust that when their turn comes to bid adieu to Hill End the present dark days through which we are now passing will have come to an end.

A. R. J.

CRICKET

Cricket has now been in full swing for a month and we have been very fortunate in the weather. At the Cricket meeting M. H. M. Gilbertson was elected Captain, J. C. N. Westwood was elected Secretary and G. B. Goodchild Assistant Secretary. We have been most fortunate in having such a delightful ground to play on and one which is so near at hand.

Considering difficulties, we have been very successful with our fixture list, and many thanks are due to Mr. Goodchild for providing us with such a good nucleus to start with. At the end of June nearly all the regular players are going back to Bart.'s, and one can only hope that there will be enough players left to enjoy the remaining months of cricket at Hill End.

So far our successes in the field have been notable by their absence, but every game has been most enjoyable and enjoyment of the game is the first essential. I should like to record here our

thanks to the various authorities for their willing co-operation in enabling us to play cricket under such delightful conditions.

M. H. M. G.

v. **Odhams Press**, on Saturday, May 4th, at Hill End. Lost.

Our first match was played on Saturday, May 4th, at Hill End, against Odhams Press. Both sides had had little practice, and Odhams were dismissed for 76. Holden took 3 for 19, Merryfield 3 for 2, Gilbertson and McShine 2 each. We were over-optimistic in thinking that we should open with an easy win, for we were dismissed for 54—only two people reaching double figures.

The Hospital

G. E. Ffrench, lbw, b Yates ...	3	J. Holborow, b Halsey ...	4
W. Holden, b Beach	6	D. G. Lambley, not out ...	15
J. O. Gallimore, b Beach ...	8	C. E. Tudor, b Yates... ..	0
G. B. Goodchild, b Halsey ...	4	S. J. Merryfield, lbw, b Yates ...	0
A. D. McShine, b Beach ...	1	A. R. James, lbw, b Reed ...	1
M. H. M. Gilbertson, b Beach ...	10	Extras ...	2
		Total ...	54

Odhams: 76.

Bowling: Merryfield 3 for 2, Holden 3 for 19, McShine 2 for 13, Gilbertson 2 for 20.

v. **Cell Barnes**, on Saturday, May 11th, away. Won.

Cell Barnes batted first on a good wicket and were dismissed for 53 in 14 hours. Merryfield bowled exceedingly well and in seven overs took 7 for 14. When we went into bat the weather became cold, and it was a pleasure to go in to bat and so get warm. Against weak bowling our wickets fell regularly, partly because we easily made the 53 runs necessary and partly because of the cold weather. Grey and Hewitt entertained us to some effective but not altogether blameless hitting.

The Hospital

J. C. N. Westwood, st Ketley, b		M. H. M. Gilbert- son, b Oughton...	1
Norker ...	19	S. R. Hewitt, b	
D. Bartlett, run out	6	Reynolds ...	16
A. D. McShine, b		W. Holden, c Lam- bley, b Reynolds	0
Tidy ...	15	J. Holborow, not out	1
G. B. Goodchild, b		S. J. Merryfield, b	
Tidy ...	3	Jackson ...	0
A. J. Grey, c Tidy, b Reynolds ...	32	Extras ...	10
		Total ...	103

A. R. Allardice did not bat.

Cell Barnes: 53.

Bowling: Merryfield 7 for 14, Gilbertson 2 for 8.

v. **Wheathampstead**, on Sunday, May 12th, away. Lost.

On a hot day we went out in cars to a delightful village pitch, which had been used for cricket for the past 101 years. Wheathampstead batted first and found runs difficult to obtain against steady bowling by Bartlett, Merryfield and Gilbertson. R. P. Nelson, the Northants captain, batted well for 64, and was eventually out to a good catch on

the boundary by Gilbertson off Westwood's slow wiles. They declared at tea for 131 for seven. Our batting quite broke down against some accurate fast bowling and to the psychological fear of Nelson, and we were all out at seven o'clock for 50. A pleasant evening was spent in the local not 200 yards from the ground.

The Hospital

J. C. N. Westwood, lbw, b Walton ...	1	S. R. Hewitt, lbw, b Nelson ...	18
D. Bartlett, b Walton ...	0	S. J. Merryfield, c Oxley, b Nelson ...	4
A. D. McShine, b Walton ...	0	J. Holborow, b Cherry ...	13
G. E. Ffrench, b Walton ...	4	H. C. L. Scott, b Cherry ...	2
A. J. Grey, c Kingham, b Nelson ...	5	N. A. Campbell, not out ...	0
M. H. M. Gilbertson, c Wingfield, b Nelson ...	0	Extras ...	3
Bowling: Walton 4 for 13, Nelson 4 for 31, Cherry 2 for 4.		Total ...	50

Wheathamstead: 131 for 7.

Nelson 64.

Bowling: Merryfield 3 for 25.

v. **Odhams Press**, on Sunday, May 19th. Lost.

Odhams batted first and opened disastrously, three wickets falling for three runs. Our success was short-lived, as the brothers Yates proceeded to put on 86 for the fourth wicket; from then on wickets fell regularly, and at tea-time they declared at 177 for seven, D. Yates having scored 101 not out. Our bowling and fielding were both steady but lacked variety. We batted after tea, and except for McShine and Goodchild our batting was very poor indeed. Spafford failed us at the critical moment and we were all out for 115. It was very good to see Goodchild coming into form, and his 49 was well executed and saved us from ignominy.

The Hospital

J. C. N. Westwood, b Beach ...	1	S. R. Hewitt, b Beach ...	5
A. D. McShine, c and b Halsey ...	24	A. R. James, b Yates ...	1
P. McA. Elder, b Beach ...	8	W. Holden, b Yates ...	6
M. H. M. Gilbertson, c Halsey, b Beach ...	0	C. P. Perkins, b Colney ...	13
A. J. Spafford, b Beach ...	0	J. Holborow, not out ...	0
G. B. Goodchild, lbw, b Yates ...	49	Extras ...	8
Bowling: Beach 5 for 43, Yates 3 for 16.		Total ...	115

Odhams: 177 for 7.

D. Yates, not out ... 101

A. Yates, c Westwood b Elder ... 35

Bowling: Elder 2 for 44, Holden 1 for 15, Gilbertson 1 for 33.

v. **St. Albans School**, on Saturday, May 25th, away. Won.

As the match had to end at 6.30, each side batted for 1½ hours. Owing to a large convoy half our team did not arrive until 3.15, and we batted first. Bartlett and Ffrench opened well and scored 49 for the first wicket; this was followed by a collapse until Westwood and Gallimore were together. Both batted extremely well and treated us to some glorious hitting. Westwood scored 57 and Gallimore 55 not out. We had scored 176 for six in 1½ hours. The School started well and it looked as though we should not have enough time to get them out. After Bartlett and Merryfield had

dismissed the early batsmen, Gallimore and Gilbertson bowled well to dismiss the remainder, and we won with a quarter of an hour to spare. Our catching was most prominent in our fielding.

The Hospital

D. Bartlett, b Pel-lant ...	18	F. C. R. Picton, run out ...	0
G. E. Ffrench, c Becket, b Arnold ...	32	M. H. M. Gilbertson, b Pellant ...	0
A. D. McShine, b Pellant ...	0	J. O. Gallimore, not out ...	55
J. C. N. Westwood, c Becket, b Hackney ...	57	A. J. Grey, not out ...	12
		Extras ...	2

Total (for 6 wks.—dec.) 176

J. K. Mason, S. J. T. Merryfield and N. Campbell did not bat.

Bowling: Pellant 3 for 57.

St. Albans School: 71.

Bowling: Bartlett 2 for 18, Merryfield 2 for 33, Gilbertson 3 for 13, Gallimore 3 for 4.

Bart's v. Provincial Universities, on Saturday, June 1st, at Hill End. Lost.

This was by far the most exciting game played at Hill End yet. Bart's batted first, two wickets falling quickly. Wells-Cole and Gallimore then batted extremely well to take the score to 121 before Wells-Cole was out to a good catch by Richards. Gallimore was out soon after, having scored a good 58. Wickets fell regularly to good bowling by Gilbertson, Spafford and Fison. Bart's declared at tea, having scored 173 for eight.

Westwood and Ffrench opened for the Provincial Universities and took the score to 88 before Westwood was out, having scored a delightful 55. Fison in between sets of tennis came along and rattled up 23 before resuming his game of tennis. With Ffrench batting stubbornly, Spafford entered in his usual style and in 15 minutes hit up a grand 41, to win the match with two minutes to spare. Ffrench was unbeaten with 37 to his credit—a very fine innings under hot conditions. Spafford was returning to Friern on the following day, so a good time was had by all in the evening.

The Hospital

D. Bartlett, run out ...	9	L. E. Burkeman, c Spafford, b Gilbertson ...	1
G. H. Wells-Cole, c Richards, b Gilbertson ...	45	A. R. James, not out ...	10
A. D. McShine, lbw, b Gilbertson ...	5	J. Merryfield, b Fison ...	11
J. O. Gallimore, c Westwood, b Mason ...	58	G. B. Badock, b Gilbertson ...	9
S. R. Hewitt, c Grey, b Spafford ...	15	Extras ...	10

Total (for 8 wks.—dec.) 173

A. H. Brennan and R. Loveless did not bat.

Bowling: Gilbertson 4 for 44, Spafford 1 for 36, Fison 1 for 37, Mason 1 for 13.

Provincial Universities

J. C. N. Westwood, b McShine ...	55	J. L. Fison, c Burkeman, b Merryfield ...	23
G. E. Ffrench, not out ...	37	A. J. H. Spafford, not out ...	41
A. J. Grey, b McShine ...	2	Extras ...	19

Total (3 wks.) 177

M. H. M. Gilbertson, J. Holborow, N. A. Campbell, A. G. Richards, J. K. Mason and A. G. E. Pearce did not bat.

v. Wheathampstead, on Sunday, June 2nd, at home. Draw.

Wheathampstead batted first and against some good bowling and very keen fielding they made so little headway that 1½ hours' batting produced 45 runs. Westwood was put on to tempt the batsmen, but they continued to play full tosses to leg safely back to mid-on. In consequence they continued to bat after tea until six o'clock, when they declared at 145 for six. It was a very good performance on our part to keep the runs down so well and our fielding was excellent. Left with 1½ hours to make the necessary runs, we fared badly, except for Westwood, who scored 67 of the most delightful runs it has been anyone's privilege to see at Hill End this season. He was out eventually in trying to force the pace. Westwood saved us from complete collapse, only Hewitt reaching double figures with the rest of the team. We played our time safely and stumps were drawn at 114 for eight.

The Hospital

D. Bartlett, b	S. R. Hewitt, not	
Walton 2	out 15	
G. E. Ffrench, b	G. B. Goodchild, c	
Cain 3	Wingfield, b Rus-	
J. C. N. Westwood,	sell 6	
b Walton 67	A. J. Grey, run out	1
A. D. McShine, c	M. H. M. Gilbert-	
Wingfield, b Cain	son, c Wing-	
G. H. Wells-Cole,	field, b Russell ...	1
lbw., b Day ... 12	Extras 6	

Total (8 wks.) 114

J. K. Mason and S. J. Merryfield did not bat.
Bowling: Cairn 2 for 28, Walton 2 for 20,
Russell 2 for 22.

Wheathampstead: 145 for 6.

Bowling: Merryfield 2 for 25, Bartlett 1 for 33,
Gilbertson 1 for 20.

TENNIS

Under this rather euphemistic heading are classed those pastoral dances which are in progress upon the courts daily from dawn till dusk. They present some pretty contrasts. Sometimes we see a sister of madonna-like calm, swathed in a flowing white garment, opposing a furiously vigorous fairy-like figure in shorts. Very tasty, very sweet. Sometimes we see a black moustache and khaki shorts opposing a pair of hairy legs and a much-worn rugger vest—not so tasty, nor so sweet. But sometimes, and alas, but rarely, there is a lady who shows really beautiful form beneath a very attenuated costume indeed. It's worth getting up at seven-thirty to see it.

About the courts themselves much could be written, but as so little of it would be allowed to appear in print it would be vain labour. But for all that, the standard of tennis, or at least the length of the rallies, has been steadily increasing throughout the season. So has the size of the holes in the net.

With regard to matches played. Misses Craske, Olding, Bradbury and Barker brought Bart's to the second round of the Times Nurses Competition at the expense of a team from Romford. But they won't get much further unless they reduce the percentage of double faults served very considerably.

Other matches, it is hoped, will be arranged in due course. In conclusion, may we say that we would greatly welcome the appearance of the Hill End staff on their own courts?

D. E. R. K.

FENCING

The Reception Hall is no longer the venue of the Fencing Club. The smoothness of the floor and the closeness of the atmosphere compare so unfavourably with asphalt paths and June evenings, that it seems unlikely that the Club will return. It has been remarked that the cool air after sunset has proved more of a disadvantage than failing light, where evening practices are concerned.

The gentle art of sabre play has been introduced amongst the nursing staff, and there are occasions when one feels that their ferocity and aptitude displayed when wielding this trenchant weapon may lead to its becoming the weapon of choice at all times when honour and opinion are at stake. The popularity of the sabre is, however, thought to bear no relation to an outburst of cynicism amongst certain members of the Club—the aetiological factor lies rather in the quietness of life at Hill End.

The last United Hospitals' match (in which the Club was represented) against Westminster Hospital was one of experience versus practice, experience winning by the narrow margin of 14—13. Westminster won the foil by 6—3, and the United Hospitals won the sabre 5—4 and the épée 6—3. At all stages the bouts were hotly contested, and, as merits such a match, the deciding point was the last hit of the final assault.

It is with unmingled feelings of regret that two members contemplate their departure from Hill End on July 1st, for the fencing there will undoubtedly form an historic section in the annals of the Fencing Club.

I. M. H.

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees, May, 1940

Pass (Old Regulations)

Butterworth, R. F.	Lillicrap, J. S.
Carpenter, R. H.	O'Callaghan, M. D. M.
Craig, C. McK.	Pentreath, E. U. H.
Cronin, J. D.	Rees, E. H.
Gould, J. H.	Rochford, J. D.
Horton, J. A. G.	Thompson, J. W.
Jacobs, J.	Walker, A. J.

(Revised Regulations)

Baldwyn, A. F.	Latcham, P. R.
Davies, I. R.	McShine, L. A. H.
Harold, J. V. T.	Williamson, D. A. J.

Supplementary Pass List

Group I (Old Regulations)

Parker, K. H. J. B.	Manning, J. D.
Nicholson, C. G.	Ward, A. I.
Orchard, N. P.	

Group II (Old Regulations)

Dickson, R. R.	John, A. O.
Griffiths, E.	Pablot, P. J.

Part I (Revised Regulations)

Boomla, R. F.	Liebmann, F. M.
Bowen, R. A.	Stone, P. H. D.
Burkitt, E. A.	

Part II (Revised Regulations)

Acres, G. C.	Saudek, A. C. J.
Jones, H. Bevan	Scatliffe, J. N. R.
Page, W. J. O.	Wigglesworth, R.
Protheroe, B. A.	

Part III (Revised Regulations)

Beck, G. A.	McFarlane, M.
Cocks, D. P.	Ohannessian, A. O. A.
Evans, G. R.	

SPORTS NEWS

EDITORIAL

It is an odd comment on this war business that the Athletic Club produced last Saturday one of the best Sports Days for many years; the criteria by which an "Athletic Meeting" may be judged are beyond my scope; weights, lengths and times pass over my head like rocketing pheasants, and one always murmurs "How good" or "How bad" with supreme and unerring transposition; however, call it a "Sports Day" and we are on fairly safe ground. Whether it was the sunshine or whether people felt that here at last was the supreme occasion for trotting out the much-abused "Eat, drink and be merry" excuse, makes no matter, for the populace was obviously there to enjoy itself, and, judging by the outward appearance and White's glass bill, it did.

Sufficient be it to say that evening slid into night and night into morning in a manner which must have been highly gratifying to the Committee and to the bar receipts, and it is only necessary to add a word of appreciation to the Whites for their magnificent work.

SPORTS DAY

A successful meeting, the 57th, was held, with Sir W. Girling Ball as President and Referee. Mr. D. B. Fraser rendered invaluable service as announcer and recorder, while many members of the staff helped in making the sports run smoothly. The records for the discus and long jump were broken; in these M. A. C. Dowling threw 4ft. 10½ in. further than his 1939 record of 107ft. 7½ in., and jumped 23ft. 2½ in., also beating his last year's record by 9½ in.

Generally the standard of performances was the highest for many years and the attendance "the largest in my time" (White). Mrs. H. Wilson graciously presented the prizes. The Athletic Club is most grateful to all for their support and encouragement.

St. Bartholomew's Hospital Sports, 1940

Three Miles: 1 J. P. Haile, 2 W. J. Atkinson, 3 D. Currie. 15m. 19 2/5 sec.

One Mile: 1 J. P. Haile, 2 W. J. Atkinson, 3 G. A. Beck. 4min. 39 1/2 sec.

880 Yards (Handicap): 1 A. R. Corbett, 2 J. P. Haile, 3 J. F. Lucey. 1min. 51 1/5 sec.

440 Yards: 1 W. J. Atkinson, 2 J. P. Haile, 3 L. G. Lloyd. 55 sec.

220 Yards: 1 J. W. G. Evans, 2 A. I. Ward, 3 D. S. Morris. 23 sec.

120 Yards (Handicap): 1 D. R. Duff, 2 J. C. L. Adams, 3 H. R. Dickman. 12 3/5 sec.

100 Yards: 1 A. I. Ward, 2 D. S. Morris, 3 D. R. Duff. 12 3/5 sec.

120 Yards Hurdles: 1 D. G. Reinold, 2 M. A. C. Dowling, 3 P. G. Dornaingue. 16 3/5 sec.

High Jump: 1 M. A. C. Dowling, 5ft. 8½ in.; 2 D. S. Morris, 5ft. 7in.; 3 D. G. Reinold, 5ft. 6in.

Long Jump: 1 M. A. C. Dowling, 23ft. 2½ in.; 2 A. I. Ward, 19ft. 10½ in.; 3 M. R. Hunt, 19ft. 5½ in.

Weight: 1 M. A. C. Dowling, 35ft. 4½ in.; 2 R. L. Hall, 31ft. 11½ in.; 3 J. F. Lucey, 31ft. 2½ in.

Discus: 1 M. A. C. Dowling, 112ft. 6in.; 2 J. F. Lucey, 3 J. R. Haire.

Javelin: 1 J. F. Lucey, 129ft. 4in.; 2 W. J. Atkinson, 126ft. 6in.; 3 A. I. Ward, 111ft. 5in.

Cricket Ball: 1 J. F. Lucey, 279ft. 1in.; 2 A. I. Ward, 275ft. 5½ in.; 3 M. A. C. Dowling, 265ft. 2½ in.

Tug-of-war: 1 Cambridge, 2 Bart's. 2 pulls to 0.

Relay: 1 Bart's, 2 Cambridge. 1min. 42 sec.

Housemen's 100 Yards: 1 A. I. Ward, 2 G. A. Beck. 12 sec.

Records broken: (1) Long Jump—M. A. C. Dowling, 23ft. 2½ in.; (2) Discus—M. A. C. Dowling, 112ft. 6in.

Wednesday, June 12th, at Oxford

St. Bart's and St. Mary's v. Queen's, Lincoln, Exeter and other Oxford Colleges, at Ilfley Road.

Discus: 1 E. Bullwinkle (Queen's), 102ft.; 2 and 3 (tie) A. H. Hodges (St. Mary's) and W. J. Atkinson (St. Bart's).

One Mile: 1 B. F. Brearley (St. Mary's), 4min. 36 sec.; 2 A. H. Hodges (St. Mary's); 3 K. W. May, Captain, Queen's).

Weight: 1 E. Bullwinkle (Queen's), 3ft. 4½ in.; 2 L. Thrower (Exeter); 3 W. J. Atkinson (St. Bart's).

Javelin: 1 F. Hamilton (Queen's), 132ft. 5in.; 2 W. J. Atkinson (St. Bart's); 3 H. Lees (Queen's).

High Hurdles: 1 J. M. Tanner (St. Mary's), 16.4 sec.; 2 A. Danby (St. Bart's); 3 E. Forsyth (Exeter).

100 Yards: 1 J. Cohen (St. Mary's), 10.5 sec.; 2 J. M. Tanner (St. Mary's); 3 D. S. Morris (Captain, St. Bart's).

High Jump: 1 E. Forsyth (Exeter), 5ft. 5in.; 2 A. Grimble (St. Mary's); 3 S. Charters (Lincoln).

220 Yards: 1 E. A. Bachelor (Lincoln), 23.6 sec.; 2 (tie) M. Starey (St. Edmund's Hall) and W. J. Atkinson (St. Bart's).

Half-Mile: 1 T. Welford (Lincoln), 2min. 1.5 sec.; 2 B. F. Brearley (St. Mary's); 3 J. P. Haile (St. Bart's).

Long Jump: 1 M. Starey (St. Edmund's Hall), 21ft.; 2 J. Cohen (St. Mary's); 3 D. S. Morris (St. Bart's).

440 Yards: 1 W. J. Atkinson (St. Bart's), 54.2 sec.; 2 S. Charters (Lincoln); 3 E. Chadburn (Queen's).

Relay (440, 220, 220, 440 yards): Oxford.

St. Bart's and St. Mary's won by 54 points to 49 a very enjoyable match. We record our appreciation of the organisation and hospitality rendered to us and hope for a return at Chislehurst.

M. A. C. Dowling and R. L. Hall unfortunately could not turn out. A grand race between A. Danby and J. M. Tanner in the high hurdles opened up speculations as to future performances if these two young athletes retain their interest in the game.

Saturday, May 25th, at Chislehurst

St. Bart's A.C. v. London University Tyrian Club.

When all had assembled and agreed as to which side they belonged, a very pleasant match took place. The ground, thanks to Mr. White, was in excellent condition, and as Mr. Kerslake, of the Tyrian Club, helped the Secretary out with the organisation (which apparently was badly needed), the fixture went off smoothly. St. Bart's lost a very close struggle by 54 points to 59.

High Jump: 1 A. Grimble (L.U.T.C.), 2 D. S. Morris (Bart's), 3 T. Wootton (L.U.T.C.). Height 5ft. 5in.

220 Yards: 1 D. Shearmann (L.U.T.C.), 2 P. Mills (L.U.T.C.), 3 A. E. Fyfe (St. Bart's), 24min. 1 sec.

Javelin: 1 L. McNeill (L.U.T.C.), 2 M. A. C. Dowling (St. Bart's), 115ft.

100 Yards: 1 T. Davies (St. Mary's), 2 (tie) P. Mills (L.U.T.C.) and D. Shearmann (L.U.T.C.). 104.2 sec.

Discus: 1 M. A. C. Dowling (St. Bart's), 2 L. McNeill (L.U.T.C.). 118ft. 2in.

440 Yards: 1 W. J. Atkinson (St. Bart's), 2 A. Grimble (L.U.T.C.), 3 E. Pearce (L.U.T.C.). 55.3 sec.

Weight: 1 R. L. Hall (St. Bart's), 2 L. McNeill (L.U.T.C.), 3 P. Mills (L.U.T.C.). 32ft.

880 Yards: 1 J. P. Haile (St. Bart's), 2 J. R. Owen (St. Mary's), 3 P. Coyne (L.U.T.C.). 2min. 41.1 sec.

First 120 Yards Hurdles: 1 R. Dunstan (L.U.T.C.), 2 R. Tanner (L.U.T.C.), 3 D. S. Morris (St. Bart's).

Second 120 Yards Hurdles: 1 K. Tanner (L.U.T.C.), 2 M. A. C. Dowling (St. Bart's), 3 R. Dunstan (L.U.T.C.). 18.8 sec.

One Mile: 1 W. J. Atkinson (St. Bart's), 2 L. Bruce (L.U.T.C.), 3 P. Coyne (L.U.T.C.). 4min. 41 sec.

Three Miles: 1 A. Cosgrove (L.U.T.C.), 2 R. Evans (L.U.T.C.), 3 P. A. Van de Linde (St. Bart's). 6min. 46 sec.

Long Jump: 1 M. A. C. Dowling (St. Bart's), 2 P. McNeill (L.U.T.C.), 3 Holmshaw (L.U.T.C.). 22ft. 2in.

NEW BOOKS

Acute Infectious Diseases. By J. D. Rolleston and G. W. Ronaldson. (William Heinemann. Price 17s. 6d.)

This volume represents the third edition of a book on infectious diseases written originally by Dr. Rolleston alone, but, as he tells us in the preface, owing to the great progress made in acute infectious diseases, he felt he had to rewrite the book, and called in the aid of Dr. G. W. Ronaldson.

The book makes no pretence of covering the whole field of acute infections, selecting only those which are usually treated in isolation hospitals, yet it succeeds in supplying a great deal of useful information on the most important points in the field of infectious diseases.

Each disease is given a separate chapter, which is systematically divided up into sections dealing with aetiology, bacteriology and pathology, symptomatology, differential diagnosis, prognosis, treatment, etc., with the result that all aspects of each disease are most thoroughly dealt with, in a manner most easy to follow and digest.

The results of most recent investigation in the realm of infectious diseases are included, rendering the book completely up to date, and after the chapters on the various diseases come two chapters dealing with vaccination and modern isolation methods, the latter chapter containing plans of the most modern isolation blocks in the country.

It would not be fair to close a review without mentioning that in each disease part of the chapter is devoted to a most interesting historical survey of the disease and the methods of treatment used in the past, while a large list of bibliographical references is appended to each chapter, with a view to helping those who wish to pursue the subject farther.

Taken in its entirety, this volume is perhaps rather more than the medical student requires if he has in mind only the passing of his exams., but for a thorough knowledge of the subject it can be recommended to students and practitioners alike.

There is an almost complete absence of illustrations in this book, but Dr. Rolleston holds the belief that the clinical appearances of the various fevers mentioned can only be learnt at the bedside, so he wisely eschewed all illustrations which, instead of helping the reader, might give him entirely false ideas of the disease in question.

Clinical Methods. By Sir Robert Hutchison, Bart., M.D., F.R.C.P., and Donald Hunter, M.D., F.R.C.P. (Cassell. Price 13s. 6d.)

This volume represents the latest edition of a handbook which must be widely known to almost all students and practitioners alike. For those who are not acquainted with it, the book aims at

"describing those methods of clinical investigation by the proper application of which a correct diagnosis can alone be arrived at."

The opening chapters deal with Case-taking and General Appearances, and then the remaining chapters are devoted to descriptions of the clinical examination of the various systems, including well-written accounts of any special investigations which may be made, *e.g.*, test meals.

In this edition, which is a little shorter than the previous ones, much that is out of date has been discarded, and a thorough revision has been carried out on all the other chapters. The chapter on the Examination of Children has been rewritten, as has the chapter on Bacterial Investigation, and the whole book has been modified and brought up to date.

We consider that in its present form this book covers the requirements of the student in a most concise and excellent manner, and would recommend it wholeheartedly to all who wish to have a thorough grounding in the principles of clinical investigation.

A Handbook for Nurses. By J. K. Watson, M.D.

This book, which needs no introduction to nurses, has been carefully revised in its eleventh edition, published by Faber & Faber. In one conveniently sized volume, this up-to-date comprehensive work covers the whole theory and practice of nursing, including hospital, district and private nursing, anatomy and physiology, dietetics and drugs, medicine and surgery with all modern methods of treatment. There is much to enlighten on the diseases of the ductless glands, specific fevers and diabetes. In the chapter on surgery there are brief accounts of some of the commoner surgical operations, and there is an instructive chapter on the important subject of anaesthetics. An interesting account of the diseases of the nervous system is given, and the author briefly describes the commoner forms of mental disorders.

The reader will find much useful information and instruction in the chapters on Electricity, Electro-Therapeutics, Diathermy, Ultra-Violet Ray Therapy, X-ray and Radium. The remaining chapters are devoted to gynaecology and obstetrics. Among these, much that is new has been written on the symptoms and toxemias of pregnancy and on the various complications of childbirth. The book is conveniently "sign-posted" throughout with sub-headings for rapid and easy reference, and much useful knowledge can be gained from the illustrations, explanatory diagrams and X-rays with which this volume abounds.

This interesting, instructive and practical textbook should become a standard work for all student nurses and is an excellent book of reference for all trained nurses.

EDITOR'S NOTE

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

Society of Apothecaries of London

The dates of the Society's August Examinations are:

Surgery	12, 14, 15
Medicine and Forensic Medicine	19, 21, 22
Midwifery	20, 21, 22, 23

BIRTHS

BECKETT.—On June 1st, 1940, to Lucy (née Haynes), wife of Dr. F. G. A. Beckett, Ely, Cambs, a son.

BENISON.—On May 22nd, 1940, at the Royal Northern Hospital, to Eileen Mary, wife of R. L. Benison, a daughter (Rosemary Sarah).

BODEN.—On May 31st, 1940, to Peggy Matthew, the wife of Major Geoffrey Boden, R.A.M.C.—a daughter (Lynn).

BREWER.—On May 28th, 1940, at 9, Greenhill Avenue, Luton, to Elizabeth (née Nickell-Lean), wife of H. F. Brewer, M.D.—a son.

DALE.—On June 3rd, 1940, to Phyllis, wife of Dr. C. H. Dale, of Eastcote, a daughter.

KENNEDY.—On June 7th, 1940, at Thornbury, Nelson Road, Southsea, to Oonagh (née Ziesler), wife of Lieut.-Commander A. R. Kennedy, Royal Navy—a son.

SHUTTLEWORTH RENDALL.—On May 20th, 1940, at The Willows Nursing Home, High Wycombe, to Dorothy (née Hornsey), wife of Surgeon-Lieutenant D. C. Shuttleworth Rendall R.N.V.R.—a daughter.

MARRIAGES.

BARTON—BARTON.—On May 28th, 1940, at Kingston-on-Thames, James Kingston Barton, M.R.C.P.Lond., of 28, Lindsfarne Road, S.W.20, to Elizabeth Ellen Barton, daughter of the late Henry Walker, of Minster, Thanet.

MUNDY—EDSALL.—On June 1st, 1940, at St. Mary Abbots, Kensington, Surgeon Lieutenant Norman Mundy, R.N.V.R., son of the late Dr. Herbert Mundy, F.R.C.S., and Mrs. Mundy, of 170, Florida Road, Durban, S. Africa, to Gwendoline, second daughter of the late Mr. and Mrs. E. R. Edsall, of Wimbledon Park.

DEATHS.

MARSHALL.—On May 22nd, 1940, at 69, The Drive, Golders Green, N.W.11, Charles Frederick Marshall, M.D., F.R.C.S.

MICKLETHWAIT.—On May 10th, 1940, at Bootham, St. Albans, George Whitley Micklethwait, M.D., late of York and Danby.

O'KINEALY.—On June 6th, 1940, at Torquay, after a short illness, Lt.-Col. Fredrick O'Kinealy, C.I.E., C.V.O., I.M.S.

PATERSON.—On May 21st, 1940, at Glasgow, Herbert J. Paterson, C.B.E., M.C., M.D., F.R.C.S., of The Whins, Berkhamsted, and late of 9, Upper Wimpole Street, London, W.1, beloved husband of Tempe Langrish Faber, aged 73.

VAN BUREN.—On May 29th, 1940, at 2, Queen Anne Terrace, Plymouth, Dr. A. C. Van Buren.

WADE.—On May 30th, 1940, in a London nursing home, Rubens Wade, M.D. C.S., L.R.C.P., Senior Anaesthetist of St. Bartholomew's and Royal Northern Hospitals.

WILSON.—On June 5th, 1940, at Grange Cottage, Rondebosch, C.P., South Africa, Norman Octavius Wilson, F.R.C.S., the beloved husband of Margaret Wilson, and youngest son of the late Joseph Wilson, M.I.C.E., of Kenley, Surrey.

August Issue. — Contributions for the August issue should be received not later than Thursday, July 18th.

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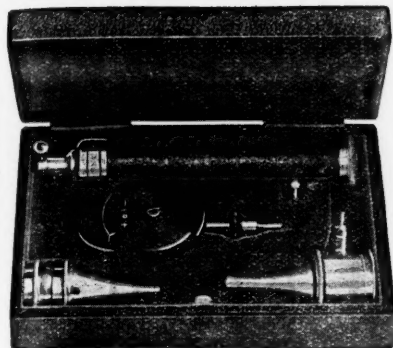
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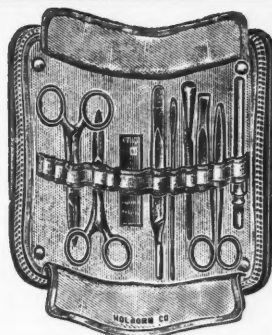
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